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REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/519189

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 100							
<input type="checkbox"/> Amendment			\$							
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<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
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<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$							
		8 TO BE REFUNDED BY:								
<input type="checkbox"/> Overpayment		Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
No Fee Due (Explanation):		9 <table border="1"><tr><td>1</td><td>9</td><td>--</td><td>1</td><td>9</td><td>8</td><td>0</td></tr></table>		1	9	--	1	9	8	0
1	9	--	1	9	8	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>								
OFFICE: <u>PCT - DO/EO</u>										
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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